



CITY OF LAUDERHILL

RE-ROOFING PERMIT APPLICATION AND INSTRUCTIONS

1. COMPLETE THE CITY OF LAUDERHILL BUILDING PERMIT APPLICATION. THIS APPLICATION MUST BE SIGNED BY THE OWNER AND THE CONTRACTOR. BOTH SIGNATURES MUST BE NOTARIZED. **SUBMIT ORIGINAL AND 1 COPY.**
2. COMPLETE THE HIGH VELOCITY HURRICANE ZONE UNIFORM PERMIT APPLICATION FORM. **SUBMIT ORIGINAL AND 1 COPY.**
3. SUBMIT 2 COPIES OF NOTICE OF ACCEPTANCE/PRODUCT APPROVALS.
4. SUBMIT 1 COPY OF THE CONTRACT.
5. **IF THE JOB VALUE IS MORE THAN \$2,500.00, YOU MUST ALSO SUBMIT A CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT FILED WITH BROWARD COUNTY.** INSTRUCTIONS FOR FILING THIS FORM ARE ATTACHED.
6. COMPLETE THE STATEMENT OF RESPONSIBILITIES REGARDING ASBESTOS FORM. **SUBMIT ORIGINAL AND 1 COPY.**
7. COMPLETE THE CITY OF LAUDERHILL SINGLE FAMILY RE-ROOFING AFFIDAVITS. **PROVIDE 2 SIGNED AND SEALED COPIES PRIOR TO 1ST INSPECTION.**

ALL PERMIT FEES ARE TO BE PAID AT TIME OF SUBMISSION.

ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF LAUDERHILL. LICENSES, CERTIFICATIONS, LIABILITY INSURANCE AND WORKERS COMP INSURANCE MUST BE CURRENT.

APPLICATIONS MAY BE SUBMITTED AT THE CITY OF LAUDERHILL BUSINESS CENTER LOCATED AT 5581 WEST OAKLAND PARK BOULEVARD, LAUDERHILL, FLORIDA. THE BUSINESS CENTER IS OPEN MONDAY – THURSDAY 7:30 A.M. – 6:00 P.M.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS APPLICATION, PLEASE CALL THE BUILDING DIVISION AT 954-739-0100.



CITY OF LAUDERHILL

5581 WEST OAKLAND PARK BLVD. • LAUDERHILL, FL 33313
TELEPHONE 954-730-3060 • FAX 954-730-3071

DATE _____

BUILDING PERMIT

THE UNDERSIGNED APPLICANT DOES HEREBY request that a building permit be issued on the basis of and subject to the herein set forth information as supplemented by herewith submitted building plans and specifications, with the understanding that all Federal, State, County and City laws, rules and regulations shall be complied with whether specified in this application and accompanying plans or not.

FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS

Permit expires if construction has not begun within 180 days. Plans must be on job before inspection will be made. At least 1 inspection to be made every 90 days or permit expires. Obtain certificate of occupancy from Dept. before using completed building.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, **and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.**

NAME _____
ADDRESS _____

PHONE _____
FOLIO NUMBER _____
LOT _____ BLOCK _____
SUBDIVISION _____
JOB ADDRESS _____

PERMIT # _____

CONTRACTOR

STATE CERTIFICATION # _____
CERTIFICATE OF COMPETENCY # _____
STATE REGISTRATION # _____
COMPANY NAME _____
ADDRESS _____

PHONE _____

ARCHITECT/ENGINEER

LICENSE # AND CLASS _____
NAME _____
ADDRESS _____

PHONE _____

THIS PERMIT INCLUDES:

ESTIMATED
VALUE

FEE

BUILDING	_____	\$ _____	\$ _____
FENCE	_____	_____	_____
SIDEWALK	_____	_____	_____
POOL	_____	_____	_____
ENCLOSURE	_____	_____	_____
ROOF	_____	_____	_____
PAVING	_____	_____	_____
OTHER	_____	_____	_____
PLUMBING	_____	_____	_____
MECHANICAL	_____	_____	_____
ELECTRICAL	_____	_____	_____
FIRE PROTECTION	_____	_____	_____
COUNTY FEE	_____	_____	_____
TOTAL AMOUNT DUE \$	_____	_____	_____

ZONING	_____	NO. STORIES	_____	PARKING	_____
GROUP OCC.	_____	FT. PER FL.	_____	LOWEST FINISH FL. ELEVATION	_____
TYPE CONST.	_____	NO. UNITS	_____	FLOOD ZONE	_____

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

SIGNATURE _____
OWNER'S SIGNATURE
DATE _____

SIGNATURE _____
CONTRACTOR
DATE _____

NOTARY as to Owner or Agent
MY COMMISSION EXPIRES: _____

NOTARY as to Contractor
MY COMMISSION EXPIRES: _____

BRIEF JOB DESCRIPTION: _____

CONDITIONS UNDER WHICH APPROVED _____

CONNECTION FEE

APPLICATION APPROVAL

PROOF OF OWNERSHIP _____
CONTRACTOR LICENSED _____

PAID _____
INIT. _____

This permit does not become valid until signed by an authorized representative of the Lauderhill Department and all fees paid.

BY _____
BUILDING OFFICIAL

	APPROVED	DISAPPROVED		REASON
ZONING				
STRUCTURAL				
PLUMBING				
ELECTRICAL				
MECH.				
FIRE				

Florida Building Code Edition 2007
High Velocity Hurricane Zone Uniform Permit Application Form

INSTRUCTION PAGE

**COMPLETE THE NECESSARY SECTIONS
OF THE UNIFORM ROOFING PERMIT
APPLICATION FORM AND ATTACH THE RE-
QUIRED DOCUMENTS AS NOTED BELOW:**

Roof System	Required Sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Prescriptive BUR-RAS 150	A,B,C	4,5,6,7
Asphaltic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1,2,3,4,5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

ATTACHMENTS REQUIRED:

1. Fire Directory Listing Page
2. From Notice of Acceptance: Front Page Specific System Description Specific System Limitations General Limitations Applicable Detail Drawings
3. Design Calculations per Chapter 16, or If Applicable, RAS 127 or RAS 128
4. Other Component Notice of Acceptances
5. Municipal Permit Application
6. Owners Notification for Roofing Considerations (Re-Roofing Only)
7. Any Required Roof Testing/Calculation Documentation

Florida Building Code Edition 2007
High Velocity Hurricane Zone Uniform Permit Application Form

Section A (General Information)

Master Permit No. _____ Process No. _____

Contractor's Name _____

Job Address _____

ROOF CATEGORY

- | | | |
|---|---|---|
| <input type="checkbox"/> Low Slope | <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tile |
| <input type="checkbox"/> Asphaltic Shingles | <input type="checkbox"/> Metal Panel/Shingles | <input type="checkbox"/> Wood Shingles/Shakes |
| | <input type="checkbox"/> Prescriptive BUR-RAS 150 | |

ROOF TYPE

- | | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> New Roof | <input type="checkbox"/> Re-Roofing | <input type="checkbox"/> Recovering | <input type="checkbox"/> Repair | <input type="checkbox"/> Maintenance |
|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|

ROOF SYSTEM INFORMATION

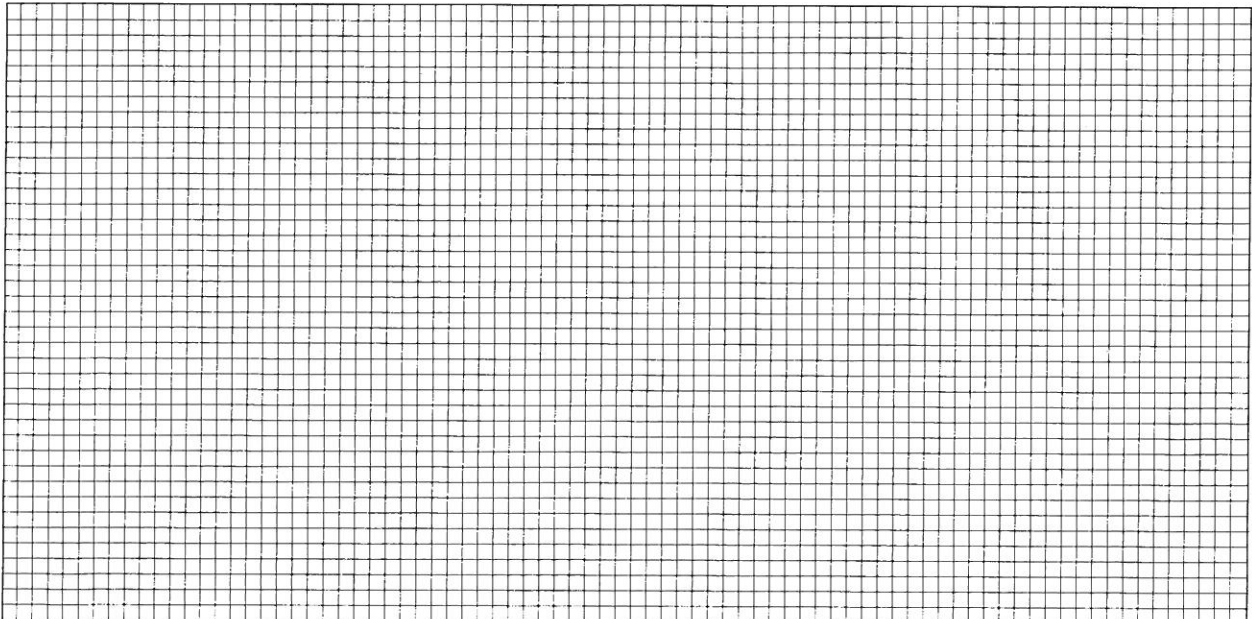
Low Slope Roof Area (SF)

Steep Sloped Roof Area (SF)

Total (SF)

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.



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High Velocity Hurricane Zone Uniform Permit Application Form

Section C (Low Sloped Roof System)

Fill in Specific Roof Assembly Components and Identify Manufacturer

(If a component is not used, identify as "NA")

System Manufacturer: _____

NOA No.: _____

Design Wind Pressures, From RAS 128 or Calculations:

Pmax1: _____ Pmax2: _____ Pmax3: _____

Max. Design Pressure, From the Specific NOA System: _____

Deck: _____

Type: _____

Gauge/Thickness: _____

Slope: _____

Anchor/Base Sheet & No. of Ply(s): _____

Anchor/Base Sheet Fastener/Bonding Material: _____

Insulation Base Layer: _____

Base Insulation Size and Thickness: _____

Base Insulation Fastener/Bonding Material: _____

Top Insulation Layer: _____

Top Insulation Size and Thickness: _____

Top Insulation Fastener/Bonding Material: _____

Base Sheet(s) & No. of Ply(s): _____

Base Sheet Fastener/Bonding Material: _____

Ply Sheet(s) & No. of Ply(s): _____

Ply Sheet Fastener/Bonding Material: _____

Top Ply: _____

Top Ply Fastener/Bonding Material: _____

Surfacing: _____

Fastener Spacing for Anchor/Base Sheet Attachment

Field: _____ " oc @ Lap, # Rows _____ @ _____ " oc

Perimeter: _____ " oc @ Lap, # Rows _____ @ _____ " oc

Corner: _____ " oc @ Lap, # Rows _____ @ _____ " oc

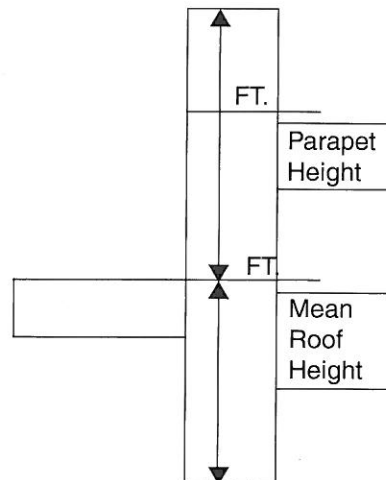
Number of Fasteners Per Insulation Board

Field _____ Perimeter _____ Corner _____

Illustrate Components Noted and Details as Applicable:

Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counter- Flashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufacturers Details that Comply with RAS 111 and Chapter 16.



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High Velocity Hurricane Zone Uniform Permit Application Form

Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Notice of Acceptance Number: _____

Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations):

Pmax1: _____ Pmax2: _____ Pmax3: _____

Maximum Design Pressure
(From the NOA Specific System): _____

Method of Tile Attachment: _____

Sloped System Description

Deck Type: _____

Type Underlayment: _____

Insulation: _____

Fire Barrier: _____

Fastener Type & Spacing: _____

Adhesive Type: _____

Type Cap Sheet: _____

Roofing Covering: _____

Type & Size Drip

Edge: _____

Roof Slope:
____ : 12

Ridge Ventilation?

Mean Roof Height: _____

Florida Building Code Edition 2007
High Velocity Hurricane Zone Uniform Permit Application Form

Section E (Tile Calculations)

For Moment-based tile systems, choose either Method 1 or 2. Compared the values for M_r with the values from M_r . If the M_r values are greater than or equal to the M_r values for each area of the roof, then the tile attachment method is acceptable.

Method 1 "Moment-Based Tile Calculations Per RAS 127"

$$\begin{aligned} (P_1: \quad \times \lambda \quad = \quad) - Mg: \quad &= M_{r1} \quad \text{NOA } M_r \quad \\ (P_2: \quad \times \lambda \quad = \quad) - Mg: \quad &= M_{r2} \quad \text{NOA } M_r \quad \\ (P_3: \quad \times \lambda \quad = \quad) - Mg: \quad &= M_{r3} \quad \text{NOA } M_r \quad \end{aligned}$$

Method 2 "Simplified Tile Calculations Per Table Below"

Required Moment of Resistance (M_r) From Table Below _____ NOA M_r _____

M_r Required Moment Resistance*					
Mean Roof Height Roof Slope	15'	20'	25'	30'	40'
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36.0	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

*Must be used in conjunction with a list of moment-based tile systems endorsed by the Broward County Board of Rules and Appeals.

For Uplift-based tile systems use Method 3. Compared the values for F^1 with the values for F_r . If the F^1 values are greater than or equal to the F_r values for each area of the roof, then the tile attachment method is acceptable.

Method 3 "Uplift-Based Tile Calculations Per RAS 127"

$$\begin{aligned} (P_1: \quad \times l: \quad = \quad \times w: \quad = \quad) - W: \quad \times \cos \theta: \quad &= F_{r1} \quad \text{NOA } F^1 \quad \\ (P_2: \quad \times l: \quad = \quad \times w: \quad = \quad) - W: \quad \times \cos \theta: \quad &= F_{r2} \quad \text{NOA } F^1 \quad \\ (P_3: \quad \times l: \quad = \quad \times w: \quad = \quad) - W: \quad \times \cos \theta: \quad &= F_{r3} \quad \text{NOA } F^1 \quad \end{aligned}$$

Where to Obtain Information		
Description	Symbol	Where to find
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	NOA
Restoring Moment due to Gravity	M_g	NOA
Attachment Resistance	M_r	NOA
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F^1	NOA
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	NOA
Tile Dimensions	l = length w = width	NOA
All calculations must be submitted to the Building Official at the time of permit application.		

**INSTRUCTIONS FOR COMPLETION AND RECORDING
OF NOTICE OF COMMENCEMENT**

Completion of Form:

- ! All information must be typewritten or **legibly** printed.
- ! All applicable line numbers must be completed. Items 1, 2 and 3 are **always** to be filled in. Items 4 thru 9 are completed as applicable. For lengthy legal descriptions, attach a separate page and indicate on the form that the legal description is attached. Should line #5 apply, a copy of the Payment Bond must be attached to the instrument when it is recorded.
- ! Please make sure you read the Warning to Owner. The owner (of the property) must sign in two (2) places on the Notice of Commencement, or the Owner's Authorized Officer / Director / Partner / Manager. (Per 713.13 Florida Statutes).
- ! The owner or the person who signed must appear before a Notary Public, who must complete acknowledgment portion of the form and affix her/his seal. The recording office has notary service available, but the owner must come in person to that office if notary service is needed. Official photo ID, such as a current driver's license or other current government-issued photo identification must be presented to the Notary. The charge for notarization is \$10.00 per acknowledgement.
- ! The owner or the person who signed must also sign under the Verification Pursuant to Section 92.525 of the Florida Statutes, indicating that they have read the foregoing instrument and declare that the facts stated in it are true. At the bottom of this form please type or print the name and address of the party to whom the recorded Notice is to be returned. If you're mailing in your Notice of Commencement, please include a self-addressed stamped envelope.

Recording Information:

- ! Count the total number of pages in the document. Fees are \$10.00 for the first page and \$8.50 for each additional page of the same document.

If you require a certified copy to post on the job, then include an additional \$1.00 for each page of the document and \$2.00 for certification of each document. **If you need the certified copy right away, you should go in person to the recording office.**
- ! Prepare your check payable to "Board of County Commissioners" according to the fees set out above. If you are unsure of the fees and are recording in person, wait until you get to the recording office to complete your check.
- ! Downtown address: Broward County Governmental Center, 115 S Andrews Avenue, Room 114
Hours of operation: 7:30 to 5:00 Monday through Friday

Plantation address: 1800 N. W. 66th Avenue, Plantation, Suite 101
Hours of operation: 7:30 – 5:30 Monday through Friday
- ! Telephone Number: (954) 831-4000
- ! Mailing address: County Records Division, Recording Section
Post Office Box 14668
Fort Lauderdale, FL 33302

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description & street address, if available) TAX FOLIO NO.:

SUBDIVISION BLOCK TRACT LOT BLDG UNIT

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. OWNER INFORMATION: a. Name

b. Address c. Interest in property

d. Name and address of fee simple titleholder (if other than Owner)

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes: NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes: NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):, 20

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Print Name and Provide Signatory's Title/Office

State of Florida County of Broward

The foregoing instrument was acknowledged before me this day of, 20

By, as (name of person) (type of authority,...e.g. officer, trustee, attorney in fact)

For (name of party on behalf of whom instrument was executed)

Personally known or produced the following type of identification:

Notary

(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By By



STATEMENT OF RESPONSIBILITIES REGARDING ASBESTOS

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING STRUCTURE, YOU MAY BE SUBJECT TO FEDERAL AND COUNTY RULES RELATING TO THE DEMOLITION AND HANDLING OF ASBESTOS CONTAINING MATERIAL. PLEASE FILL OUT THIS FORM TO DETERMINE IF THE ASBESTOS RULES AND THE FEE REQUIREMENT APPLY TO YOU. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

I. PROJECT INFORMATION:

Facility Owner: _____ Phone: _____
Mailing Address: _____ City: _____ Zip: _____
Project Address: _____ City: _____ Zip: _____
Contractor Performing Work: _____
Estimated Start Date: (MM/DD/YY) _____ Estimated Finish Date: (MM/DD/YY) _____
Building Department Jurisdiction: _____
Project Description: _____

- ☐ **Single-family residential home (not for commercial purpose) – If you check this box, skip sections II and III. Review the back of this form and then sign and date this form at the bottom.**

II. PLEASE MARK THE APPROPRIATE BOX(ES) IF APPLICABLE:

1. FACILITY: (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Commercial, industrial, or public building | <input type="checkbox"/> School/College/University |
| <input type="checkbox"/> Any residential building with more than four dwelling units | <input type="checkbox"/> Unsafe structure |
| <input type="checkbox"/> Two or more residential structures at the same site | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Any residential property being demolished for commercial purposes or by government order | |

2. ACTIVITY: (Check all that apply)

- Demolition:** ☐ Total ☐ Partial (Wrecking/dismantling any load-supporting structural member)
Renovations: ☐ Built-up roofing removal (5580 sq. ft. or greater) ☐ Exterior alteration ☐ Interior alteration

III. IF ANY BOX IS MARKED UNDER FACILITY AND ACTIVITY THEN THE FOLLOWING ITEMS ARE REQUIRED:

1. An original **Notice of Demolition or Asbestos Renovation*** DEP form 62-257.900(1) must be filled out and submitted at least ten (10) working-days before start of project, for:
 - all demolitions
 - all renovations involving at least 160 sq. ft., or 260 linear ft. or 35 cubic ft. of regulated asbestos containing material
2. The **Notice of Demolition or Asbestos Renovation*** form **must** be accompanied by an asbestos survey report to indicate the presence or absence of asbestos containing material. **The asbestos survey report must be done in accordance with Broward County Code Chapter 27, Section 180.**
3. **Payment of the appropriate fee per fee schedule**

I have received information regarding the use of a Florida licensed asbestos professional and understand that I may be subject to the ten (10) working-day advanced notification requirement under the Federal Law regarding demolitions and renovations (**See reverse side**).

Owner/Authorized Agent (Print): _____ Title: _____

Signature: _____ Date: _____

*Notice of Demolition or Asbestos Renovation form and fee schedule are available at: www.broward.org/air

WARNING

YOU MAY BE SUBJECT TO SUBSTANTIAL PENALTIES UNDER FEDERAL LAW FOR FAILURE TO PROVIDE WRITTEN NOTIFICATION AT LEAST TEN (10) WORKING-DAYS PRIOR TO DEMOLITION OR RENOVATION. PLEASE BE ADVISED THAT A CITY/COUNTY DEMOLITION OR RENOVATION PERMIT DOES NOT MEET THE REQUIREMENT OF THE TEN DAY NOTIFICATION.

THIS FORM DOES NOT CONSTITUTE A 10 WORKING-DAY NOTIFICATION

DEMOLITION: The Federal regulations for asbestos place a ten (10) working-day advanced notification from owners or operators (including contractors) engaged in the demolition of a facility. "Facility" is defined to include all structures, installations and multiple buildings, but excludes a single residential building having four or fewer dwelling units. Demolition includes the wrecking or dismantling of any load-supporting structural member. This includes beams and load supporting walls. The notification is required even if no asbestos containing materials are present in the facility, must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

RENOVATION: Notification is required for renovation projects of a facility if the amount of Regulated Asbestos Containing Material (RACM) being removed, stripped, or disturbed is greater than or equal to 160 square feet, 260 linear feet of pipe insulation or 35 cubic feet of facility components. The notification is required to be submitted at least ten (10) working-days prior to the renovation and must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

The original **Notice of Demolition or Asbestos Renovation** DEP Form 62-257.900(1) and an **asbestos survey report and the appropriate fee** must be submitted to:

Broward County Environmental Protection and Growth Management Department
Pollution Prevention, Remediation and Air Quality Division
1 N. University Drive, Suite 203
Plantation, FL 33324
954-519-1260

Federal asbestos regulations apply to both the facility owner and operator. Both owner and operator can be held liable for failure to submit a **Notice of Demolition or Asbestos Renovation** form at least ten (10) working-days prior to a demolition, or renovation involving greater than 160 square feet, 260 linear feet or 35 cubic feet of RACM.

*** USE OF A FLORIDA LICENSED ASBESTOS CONSULTANT**

Florida Statutes require that no person shall conduct an asbestos survey, develop an Operation and Maintenance Plan, prepare abatement specifications, or monitor and evaluate asbestos abatement, unless trained and licensed as an asbestos consultant with the following exceptions:

- A homeowner may act as a licensed asbestos consultant in the home (four or fewer dwelling units) in which they reside if they sign a disclosure statement at the building contractor department.
- Built-up roofing containing asbestos may be removed by state certified roofers under the direction of an onsite roofing supervisor properly trained in asbestos-containing roof removal.



City of Lauderdale

Single Family Re-Roofing Affidavits

Hurricane Mitigation Retrofits Application for Existing Site-built Single Family Residential Structures

Job Address: _____,

Re-nailing of roof sheathing is required. In addition, Florida Statute 553.844 requires that hurricane mitigation retrofits be performed when a roof of an existing site-built single family residence is replaced. Required retrofits include the installation of roof to wall connections when the house has an insured value or ad-valorem tax value of \$300,000 or more. The following must be completed to confirm compliance with these requirements.

A. Was the dwelling permitted on or after 2002? ☐ No ☐ Yes - Year _____

If you answered Yes, do not complete sections B and C, provide Supplemental Fasteners Inspection Affidavit ONLY.

If you answered No and the insured value or ad-valorem tax value is \$300,000 or more, complete sections B and C.

B. The insured value of the house or ad-valorem tax value is \$_____ (provide proof of insured value or ad-valorem tax value).

C. If the value is \$300,000 or more, the following must be provided prior to obtaining a re-roofing permit:

The following Engineer, Architect, Contractor (General, Building, Residential) or Private Structural Inspector has been retained to provide the required roof to wall certification:

Name: _____

License Type: _____ License Number: _____

Business Name: _____ Phone Number: _____

Business Address: _____

We understand that a separate permit is required if the existing connections are not adequate. The following Contractor (General, Building, Residential) has been retained for this work:

Name: _____

License Type: _____ License Number: _____

Business Name: _____ Phone Number: _____

Business Address: _____

Roofing Company Name

Qualifiers Signature

Date

Print Name

MAYOR
Richard J. Kaplan, Esq.

VICE MAYOR
M. Margaret Bates

COMMISSIONERS
Hayward J. Benson, Jr., Ed.D.
Howard Berger
Ken Thurston

CITY OF LAUDERHILL



CITY MANAGER
Charles Faranda

DEPUTY CITY MANAGER
Desorae Giles-Smith

ASSISTANT CITY MANAGER
Kennie Hobbs, Jr.

CITY CLERK
Andrea Anderson

FINANCE DEPARTMENT
Building Division

Re: Building Permits

To Whom It May Concern:

Please be advised that you are responsible to know and follow any deed restrictions or covenants that are imposed by Homeowner Associations, Condominium Associations or any other person or legal entity. If your property is deed restricted, it is your responsibility to know and follow the rules or restrictions.

You proceed at your own risk if you perform construction or other improvements on your property that violate deed restrictions and covenants. By issuing a building permit, the City of Lauderhill does not assume any liability to you or your association.

A handwritten signature in blue ink, appearing to read 'R. Youse'.

Randy Youse
Chief Building Official
City of Lauderhill